

## Project Charter

**Project Name:** Complaints IT  
**Date Chartered:** 2011  
**Team Leader:** Amit Trivedi **Expected Completion Date:** 2013

**Team Mission:** What is the purpose of the team?

To develop a new OCI complaints system based on existing functionality and desired enhancements, upon a modern, web-based technical foundation that will improve cost, capability, and supportability over time.

**Team Goals/Measures to be used to quantify progress and determine success.**

The team will implement improvements that accomplish the following:

1. Deliver system functionality as defined by project scope and definition.
2. Improve response time to customer through electronic communications with external partners and simplified OCI manual processing tasks.
3. Streamline automated report generation and support ad hoc reporting and performance metrics.
4. Improve content-related search and summary capabilities.
5. Provide role-based complaint tracking capabilities to support legislative/other inquiries.

**Team Members:** Tim Mero, Erik Mickelson, Cindy Gramann, Steve Nickell, Jill Nebeker, Pete Howe, Srikanth Pasam, Shiva Vangara, Shirish Ameerichetty, Scott Laska, Steve Bartholow, Kathy Keleher, Mark Sawicki

**Issues to be addressed:** What problems or opportunities will the team solve?

- The current system requires extensive use of the paper-mail system, causing significant delays in responding to consumer complaints.
- The current system does not allow complaints to be categorized in a way that allows OCI to easily find issue patterns.
- The current system does not allow complaints to be accurately accrued to the correct entities.
- The current system does not allow insurers to interact with OCI on complaints slowing the resolution for consumers.

**Expected Results:** What will be in place when we are done?

In short, quicker processing times coupled with better data collection will lead to faster results for consumers and more consistent regulation for insurers. Specifically:

1. Improved routing, workflow and workbasket functionality; improved further investigation, requests for information, and referral processing by complaint staff;
2. Improved examiner review and appeals processing by examiners and supervisors; new complaints tracking features; automated satisfaction survey generation;
3. Improved report processing for both stakeholders and OCI staff; online access for insurance companies and the public;
4. Improved support for open records request processing; agent licensing with SIRCON integration; integration with NAIC, WHIX and Rate Review

5. Improved data collection will allow OCI to better target problem areas with consumer education or insurer enforcement

**Support/Resource People:** Who will we need assistance from beside the team members?  
Insurance Industry and Consumer Stakeholders

**Responsibilities and Boundaries:**

What areas will the team look at?

IT System as defined; Related business and support process changes; and, documentation and training materials.

What areas will the team NOT look at?